U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved and Budget No. 1215-0188

Office of Management Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

			1 / 1 /	2005 Through: 12 /	/ 31	2005	
3. Name and address of person filing.			4. Name, file number, and address of labor organization.				
Name _{Mark}	A Hoffman	Name	Inter. Unio	on of Elev. Constru	ctors	Local 33	
		Labor	Organization File	Number 037-747			
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any				
Street 2000 Walker, Suite M			Street 2000 Walker, Suite M				
City Des Moines		City	Des Moines				
State Iowa	ZIP Code + 4 50317	State	Iowa	ZIP Co	de + 4	50317	
5. Position in labor organization. President							
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):							
A. Held an interest in, engag monetary value from an em	ed in transactions (including loans) with, ployer whose employees your organia	or derived in zation repres	come or other e	conomic benefit of ely seeking to represent.			
6. Name and address of Employ	yer (including trade name, if any).	7.a. Nati	re of Interest, Tra	nsaction, or Income.			
Name							
Trade Name, if any:							
P.O. Box, Bldg., Room No., if any							
Chrost		7.b. Amo	ount.				
Street							
City		:					
State	ZIP Code + 4						
Signature							
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information							

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

(515) 262-0120

Telephone Number

Name of Person Filing Mark Hoffman	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name National Elevator Industry Education Program	a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.				
Trade Name, if any: NEIEP P.O. Box, Bldg., Room No., if any Street Eleven Larsen Way City Attleboro Falls	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.				
State Massachusetts ZIP Code + 4 02763	Wages and reimbursements for working as NEIEP apprenticeship instructor. 12.b. Amount. \$6,720				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	14.a. Nature of payment.				
City State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				